S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33911

FILED NOV 1 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4455

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 2 0

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 905 Tracy
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country Greece

3. (a) PRINT FULL NAME George Fippes

3. (b) If veteran, name war No

3. (c) Social Security No. 491-20-9983

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased 4 (Month) 20 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
62	5	28	hr. ____ min.

9. Birthplace Paros (City, town, or county) Greece (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name Dymerios Fippes
13. Birthplace Paros (City, town, or county) Greece (State or foreign country)

MOTHER
14. Maiden name Lambrou
15. Birthplace Paros (City, town, or county) Greece (State or foreign country)

16. (a) Informant Mrs Nick Fippes
(b) Address 5222 E 6th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Daniels Bros

(b) Address 644 Kansas Ave. K.C. Kansas

19. (a) 10-20-43 (Date received local registrar) (b) Reg. W. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th year 1943 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from Sept. 21st 1943 to Oct. 18th 1943 that I last saw him alive on Oct. 18th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy See above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? Means of injury

23. Signature Murray K. Thorn (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 10-18-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.